



Department of Environmental Quality
Water Bureau
Septage Program
Septage Receiving Facility Inspection
Completion of this form is voluntary

RECEIVING STATION CHECKLIST

RECEIVING FACILITY INFORMATION (please print or type):			
NAME		RECEIVING FACILITY OWNER	
ADDRESS		MAINTAINER OF THE RECEIVING FACILITY	
CITY	STATE	ZIP	HOURS OF OPERATION

PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION:	
1. Is this a DEQ approved septage waste receiving facility, verified by accessing the DEQ Septage directory at www.michigan.gov/deqseptage ? If not, stop inspection, notify facility that they cannot accept septage waste from septage firms until a plan is submitted to the DEQ and approved.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
2. Are individual septage firm accounts established and tracked?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
3. Are individual septage firms tracked on a per discharge basis? <i>This would include the volume discharged on a per visit basis.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
4. Are firms and septage waste volumes tracked separately for all users disposing septage waste at this facility? <i>Please attach a copy of the list of septage haulers using the facility and the number of gallons of septage disposed at the plant per hauler.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
5. Are the volumes totaled for each firm on a daily, weekly, monthly and yearly basis?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
6. How many gallons of septage waste are received annually at this facility?	_____ gallons
7. Does the design of the receiving facility readily accommodate the septage hauler? If not, please explain.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
8. Is the dump station ramp sloped resulting in the complete drainage of the septage waste vehicle?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
9. Is the dump station maintained on a regular schedule?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
10. Is staffing adequate to maintain the receiving facility?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
11. Is the receiving facility/dump station free of noxious odors?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
12. Are odor control measures in place?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
13. Describe how the screenings are managed and where they are disposed.	
14. Can the receiving facility be gated and locked to limit access?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
15. Are there any safety issues? If so, please describe.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

Name of Inspector:

Inspector's E-mail Address:

Name of Health Department/County:

Date of Inspection: _____

Please send a copy of completed inspection to:

Department of Environmental Quality
Water Bureau, DWEHS-Septage Program
P.O. Box 30273
Lansing, MI 48909-7773



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No enforcement action is to be taken by the health department.